



Permit # _____ Date Req _____ Date Insp 11/25/03

Address 9010 E Marginal Way S. F.D.# KCA

Project Name A.O.C. Phone () _____

Type of Inspection _____ Contact Name _____

Approvals:

Corrections:

Per Milt - (KCA Architect) 2nd Floor does
not surpass structural capabilities
of Building

Sprinkler coverage is not compromised

Storage is allowed.

Thank you in advance for your cooperation. A Reinspection will be conducted in approximately _____ days.

Inspector John K. [Signature] Received by _____

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